Signature

Name (Print/Type) Frederick A. Spaeth

RECEIVED CENTRAL FAX CENTER

No. 2904

Telephone 203-220-8498

Date 12/7/2010

wni

PTO/SB/17 (10-08)
PTO/SB/17 (10-08)
PTO/SB/17 (10-08)
U.S. Patent and Trademark DMCs, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 1,2/08/2004. Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/822,103 RECEIVED Application Number RANSM Filing Date 04/12/2004 For FY 2009 First Named Inventor Charles F. Irwin DEC 0 7 2010 **Examiner Name** Boyce, Andre D. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3623 **TOTAL AMOUNT OF PAYMENT** (\$) 282.00 Altorney Docket No. 103-3 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-4380 Deposit Account Name: Dilworth IP, LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 Design 220 .110 100 140 70 50 Plant 220 110 330 170 165 85 Reissue 330 165 540 650 270 325 Provisional 220 110 0 0 103:150° 2. EXCESS CLAIM FEES <u> இருப் Entity</u> Fee Description Fee (\$) Bach claim over 20 (including Reissues) 26 Each independent claim over 3 (including Reissues) 110 Multiple dependent claims 195 Fee Paid (\$) Total Claims Multiple Dependent Claims Extra Claims Fee (\$) _ - 20 or HP = 32 282,00 Fee (\$) _1.1 26 Fee Pald (\$) HP = highest number of lotal claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) <u>Fee Pald (\$)</u> - 3 or HP = HP = highest number of Independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets - 100 <u>-</u> /50 = (round up to a whole number) 4. OTHER FEE(S) Fees Pald (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 33,793

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including galharing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chtef Information Officer, U.S. Patent and Trademark Olfice, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Allorney/Agenl)

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.